Signature

Name (Print/Type) Trenk N. Frank

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Petertl and Trademark Office; U.S. DEPARTMENT OF COMMERCE linder the Panerwork Reduction Act of 1995, no necessare required to respond to a collection of information unless it dienters a valid OMB control number Complete If Known Effective on 12/08/2004. pursuant to the Consolid and Appropriations Act. 2005 (H.R. 4818). Application Number 09/995,147 FEE TRANSMIT Filing Date 11/27/2001 For FY 2005 First Named Inventor Mathias Monse Examiner Name Viet Duy Vu Applicant claims small entity status. See 37 CFR 1.27 **Art Unit** 2154 TOTAL AMOUNT OF PAYMENT 450.00 Attorney Docket No. GOTZF 131 METHOD OF PAYMENT (check all that spply) Other (please identify): Check Credit Card Money Order None ✓ Deposit Account Deposit Account Number: 13-3393 Deposit Account Name: Frank H. Foster For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Smell Entity Small Entity Fee (\$) Fees Paid (\$) Application Type Fee (\$) Fee (5) Fee (\$) Foo (\$) Fee (\$) 100 300 200 500 Utility 150 250 200 130 Design 100 100 50 65 200 300 160 Plant 100 150 80 300 150 500 250 600 300 Reissue 200 100 0 n 0 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (8) ee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Multiple Dependent Claims** Extra Claims Fee Paid (\$) Total Claims Fee (\$) - 20 or HP = Fee (5) Fee Paid (5) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims -3 or HP = HP = highest number of independent claims poid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee the is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or traction thereof Fee Paid (\$) Fee (\$) Total Sheets (round up to a whole number) x / 50 = - 100 ± Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time Fee - 2 months 450.00 SUBMITTED BY Registration No. 24,560 Telephone 614/575-2100

This extection of information is required by 37 CFR 1,138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the LISPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Peterns. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attomey/Agent)

- 7-2003

Date

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PTO/\$8/22 (12-04)

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PETITIO	N FOR E	XTENSION OF TIME UNDER	37 CFR 1.136(a)	Docket Number (Option	nal)
		FY 2005		GOTZF 131	H. ZCELVI
		to the Consolidated Approprietions Ac	, 2005 (H.R. 4818).)	511-1 442770004	(1/2010/10
	on Number	09/995,147		Filed 11/27/2001	100
For E	lectrical Driv	ve System With Intercommunicat	tion-Networks And Multi-		
Art Unit	2154			Examiner Viet Duy	
application	on.	der the provisions of 37 CFR 1.13			
The requ	ested exter	nsion and fee are as follows (che			te lee below):
			Eee	Small Entity Fee	•
	One m	onth (37 CFR 1.17(a)(1))	\$120	\$60	\$
1 2	( Two m	onths (37 CFR 1.17(a)(2))	\$450	<b>\$225</b>	\$_450.00
	Three	months (37 CFR 1.17(a)(3))	\$1020	<b>\$</b> 510	\$
	Fourn	nonths (37 CFR 1.17(a)(4))	\$1590	<b>\$</b> 795	\$
	Five m	onths (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
☐ Appl	licant claim	s small entity status. See 37 CFF	R 1.27.		
A ct	neck in the	amount of the fee is enclose	d.		1
Pay	ment by a	redit card. Form PTO-2038 Is	attached.		
☐ The	Director h	as already been authorized to	o charge fees in this a	pplication to a Depo	sit Account.
		s hereby authorized to charge ant Number13-3393_	any fees which may l	be required, or credi enclosed a duplica	t any overpayment, to te copy of this sheet.
WAR Prov	RNING: Infor ride credit c	mation on this form may become and information and authorization	public. Credit card inform on PTO-2038.	ation should not be inc	luded on this form.
I am the		applicant/inventor.			
		assignee of record of the enti- Statement under 37 CFR	ire interest. See 37 CF 3,73(b) is enclosed (F	R 3.71. form PTO/SB/96),	
	×	attorney or agent of record. F	Registration Number _	24,560	<del>-</del>
,		attorney or agent under 37 C	FR 1.34. der 37 CFR 1.34		
			<u>)</u> .	4-7	2105 <sup>-</sup>
<		Signature			Date
	Frank	H. Foster		614/575	-2100
		Typed or printed name			none Number
NOTE: Sign	natures of all the required, see	ne inventors or assignees of record of the below.	entire interest or their represent	lative(s) are required, Submi	t multiple forms if more than one
1 —	otal of _		ere submitted.		
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This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PETITION	FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)				
	FY 2005	GOTZF 131				
(Feet	pursuant to the Consolidated Appropriations Act, 20					
Application			Filed 11/27/2001			
For Elec	trical Drive System With Intercommunication	Networks And Multi-	Link-Controller			
Art Unit 2	2154		Examiner Viet Duy Vu			
application.	quest under the provisions of 37 CFR 1,136(s					
The reques	ted extension and fee are as follows (check t	ime period desired a		ee below):		
		<u>Fee</u>	Small Entity Fee			
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$		
区	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_450.00		
	Three months (37 CFR 1.17(a)(3))	\$1020	<b>\$510</b>	\$		
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	S		
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
Applica	int claims small entity status. See 37 CFR 1.	27.				
A ched	ck in the amount of the fee is enclosed.					
Payme	ent by credit card. Form PTO-2038 is atta	ached.				
The D	irector has already been authorized to cl	narge fees in this a	pplication to a Deposit	Account.		
The D	irector is hereby authorized to charge an it Account Number <u>13-3393</u>	ny fees which may l	be required, or credit a enclosed a duplicate o	ny overpayment, to copy of this sheet.		
WARNI Provide	NG: Information on this form may become public credit card information and authorization on F	ilc. Credit card Inform PTO-2038.	atlen should not be includ	ed on this form.		
I am the	applicant/inventor.					
	assignee of record of the entire in Statement under 37 CFR 3.7	interest. See 37 CF 3(b) is enclosed (F	FR 3.71. form PTO/SB/96).			
	x attorney or agent of record. Reg	istration Number _	24,560			
	attorney or agent under 37 CFR Repletetion number if acting under	1.34. 37 CFR 1.34				
		4-7-2	505-			
	Signature	Da	ite			
	Frank H. Foster		£4 <i>A1</i> £7£ 94	100		
	Typed or printed name	614/575-2100 Telephone Number				
NOTE: Signati	ures of all the inventors or assignees of record of the entire quired, see below.	e interest or their represent	talive(s) are required. Submit mu	atiple forms if more than one		
X Total	•	submitted.				
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This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) am application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (12-04)
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		(Column 1)		(Column 2)	(Column 3)	SM	ALL E	МТПУ	ÓR			THAN NTITY
ج ح				(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SM		ADOI- TIONAL FEE (\$)	OR		ALL E	ADDI- TIONAL
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"If the "Highest Number Previously Paid For" IN THIS SPACE is least then 3, enter 23.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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